CLAIMS ONLY			Application Number	Filing Date
			1072l480	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	l						51						
2		l					52						
3		l					53						
4		l					54						
5		l					55						
6		l					56						
7		l					57						
8		l					58						
9		l					59						
10		l					60						
11	l						61						
12		l					62						
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14		l					64						
15		l					65						
16		l					66						
17		l					67						
18		l					68						
19		l					69						
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22		l					72						
23		l					73						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	23						Total Depend						
Total Claims	25						Total Claims						